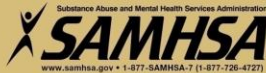


Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover



Financing and Alternative Payment Methodologies

SAMHSA PBHCI National Grantee Meeting
June 4- 7, 2017 • Austin, TX



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), the Health Resources and Services Administration (HRSA), or the U.S. Department of Health and Human Services (HHS).



Learning Objectives

- **Participants will understand the continuum of “value based” and “alternative payment methodologies” and policies and trends promoting payment reform**
- **Participants will gain insights into changes to business and clinical models essential to succeed under different payment models**
- **Participants will learn outcomes and lessons learned from providers working under alternative payment models.**



About the Presenter



Mindy Klowden, MNM is the Director of Technical Assistance for the Center for Integrated Health Solutions and provides individualized consultation and training to providers working to integrate primary care, mental health and substance abuse treatment. Ms. Klowden also works on health care payment and delivery system reform.

Mindy has extensive experience in community mental health, health and health care policy, and affordable housing. Immediately before joining National Council she served as the Director of Healthcare Transformation at Jefferson Center for Mental Health. Mindy earned her Master's degree in Nonprofit Management from Regis University and her Bachelor's degree in Sociology from the Colorado College.

Contact information: mindyk@thenationalcouncil.org



About the Presenter

Todd Van Buskirk, LCSW, LCAC

Todd has served in various clinical roles at Porter-Starke Services (PSS) in Valparaiso, IN for 10 years. He was providing behavioral health services in a primary care setting when PSS was awarded the SAMHSA-PBHCI Grant (cohort VI) in 2013.

Todd was named Project Director and has helped manage a collaborative effort that includes three CMHCs and two FQHCs at five locations in Northern Indiana.

He enjoys the learning process and is pleased to share part of his journey with other grantees.



Contact Information: tbuskirk@porterstarke.org



About the Presenter

Aaron McHone, MBA



Master degree in Business Admin from Iowa State University

Executive Director of UnityPoint Health-Berryhill Center and ACO Executive Sponsor for UnityPoint Health – Fort Dodge

Father of 3; Husband of 1

Why I do what I do

Contact information:

aaron.mchone@unitypoint.org



Key Terms

- **Managed Care Organization**
- **Accountable Care Organizations**
- **Delivery System Reform Incentive Payments (DSRIP)**
- **Value-Based Payment**
- **Alternative Payment Methodology**
- **Advanced APMs**
- **Population Health Management**
 - *Risk Stratification*

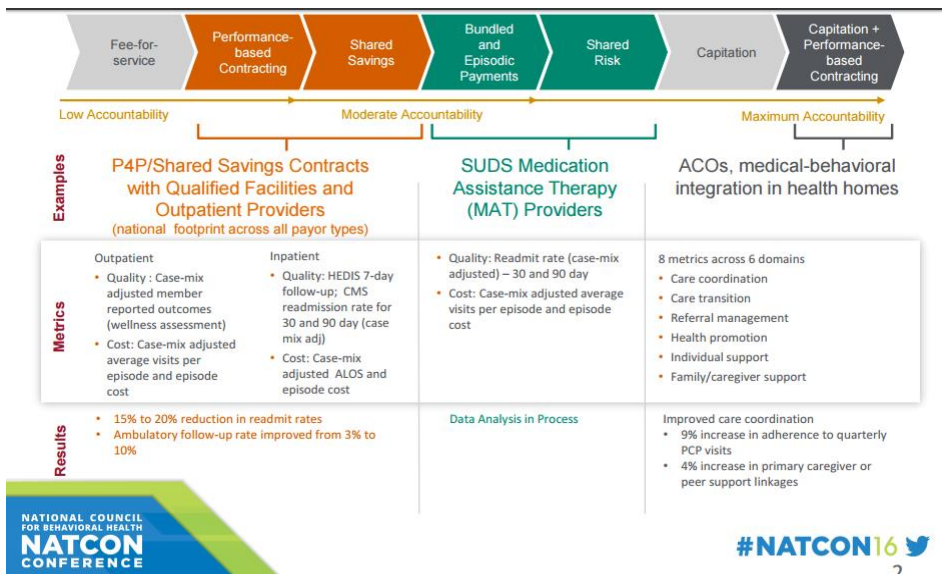


Figure 1. APM Framework (At-A-Glance)

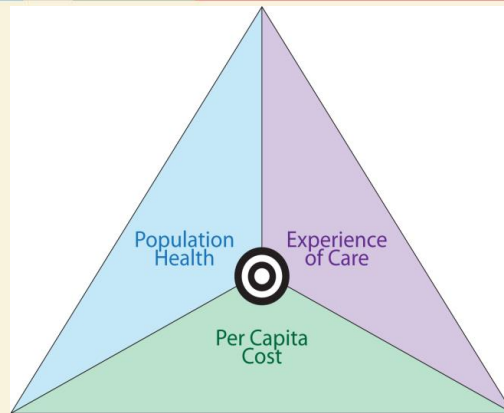
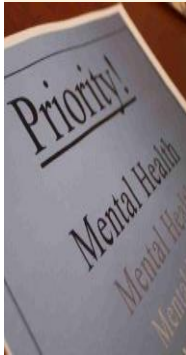


<https://hcp-lan.org/>

Payment Reform Continuum in Medicaid Managed Care Plans (Optum, 2016)

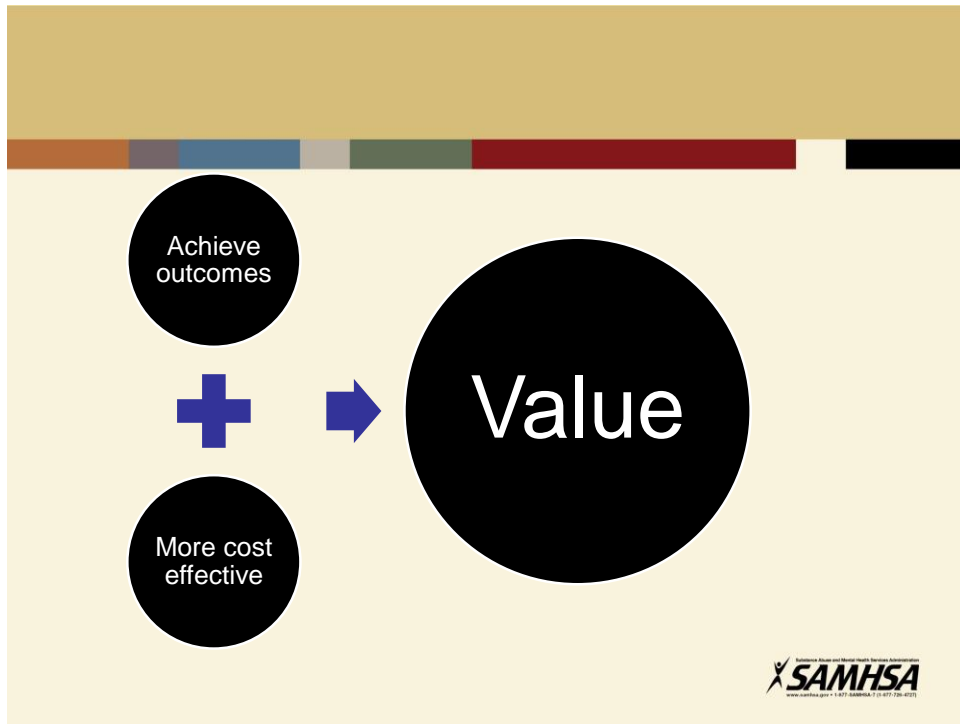


Policy Drivers & Trends

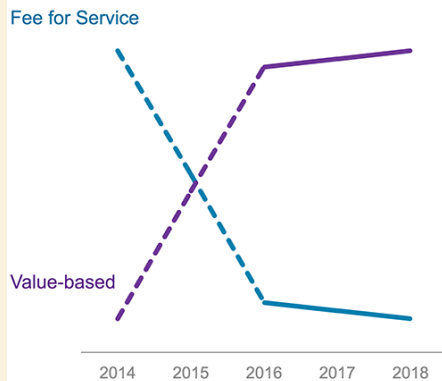


The Fee for Service Treadmill





Acceleration of Value-Based Payment- CMS



Source: HHS Press Release, January 26, 2015

HHS Value-Based Payment Goals

2016

30% of contracts will have alternative payment models (such as ACOs or bundled payments).
85% will be tied to quality or value through programs such as VBP or readmission reduction.

2018

50% of contracts to be tied to alternative payment models and
90% to quality or value overall.

What is MACRA?

Medicare Access and CHIP Reauthorization Act (MACRA) of 2015

- Repeals the Sustainable Growth Rate (SGR) formula
- Creates a new Quality Payment Program (QPP) by streamlining existing programs (Physician Quality Reporting System, Meaningful Use, and Value-based Payment Modifier)
- Adds “Improvement Activities” Category- includes many relevant to behavioral health and care coordination



SAMHSA
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

MACRA

Two tracks to choose from:

Advanced Alternative Payment Models (APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.

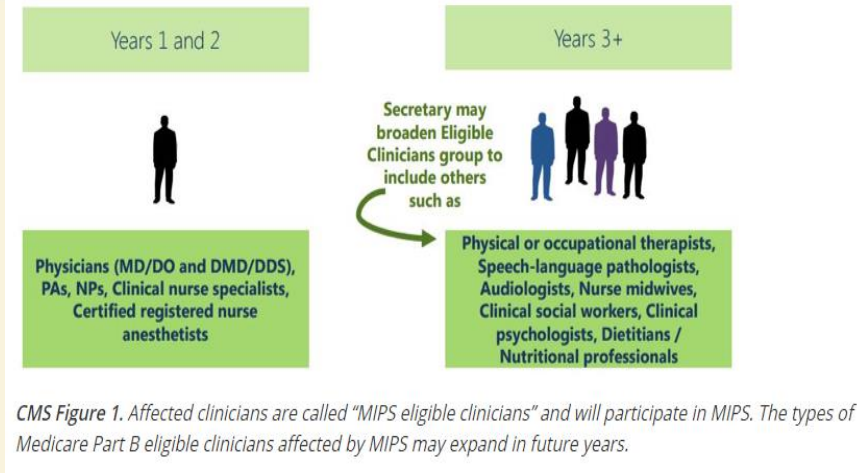
or

The Merit-based Incentive Payment System (MIPS)

If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.



MACRA- Affected Clinicians



In 2017, MIPS does NOT apply to:

- Providers billing Medicaid
- Clinicians who are newly enrolled in Medicare
- Clinicians who are significantly participating in an advanced APM
- Hospital-based and facility-based payment programs
- Clinicians and groups who are NOT paid under the Physician Fee Schedule (i.e. FQHCs and partial hospitalization programs)
- Individual clinicians and groups that fall beneath the "low volume threshold" who serve 100 or fewer Medicare recipients OR bill Medicare \$30,000 or less per year



Acceleration of Value-Based Payment- Private Insurance

- In the private sector, the [Health Care Transformation Task Force](#), made up of insurers and providers, has pledged to convert 75 percent of their business to value-based payments by 2020.



Multi-Payer Alignment

- **Comprehensive Primary Care Plus (CPC +)**
- **State Innovation Model programs**
- **Aligning core quality measures, approaches to risk adjustment/stratification, and attribution or assignment.**



CQM SIMPLIFICATION: ADULTS



Measure Condition	SIM Metric Title	Citation	CPC+	QPP	TCPI
Primary CQMs					
Depression	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	NQF 0418 CMS 2v6	Depression Remission at 12 Months	✓	✓
Diabetes: Hemoglobin A1c	Diabetes: Hemoglobin A1c Poor Control	NQF 0059 CMS 122v5	✓	✓	✓
Hypertension	Controlling High Blood Pressure	NQF 0018 CMS 165v5	✓	✓	✓
Obesity: Adult	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up Plan	NQF 0421 CMS 69v5	No obesity measure (not required for SIM if in CPC+)	✓	✓
Substance Use Disorder: Alcohol and Other Drug Dependence	Initiation & Engagement of Alcohol & Other Drug Dependence Treatment	NQF 0004 CMS 137v5	✓	✓	
Substance Use Disorder: Tobacco	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	NQF 0028 CMS 138v5	✓	✓	✓
Secondary CQM					
Asthma	Medication Management for People with Asthma <i>(replaced to align with QPP)</i>	NQF 1799 CMS n/a		✓	
Fall Safety	Falls: Screening for Future Fall Risk	NQF 0101 CMS 139v5	✓	✓	
Maternal Depression	Maternal Depression Screening	NQF 1401 CMS 82v4		✓	✓
Substance Use Disorder: Alcohol	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling	NQF 2152 CMS n/a	Alcohol & Other Drug Dependence measure <i>(above)</i>	✓	
Measures reported via APCD claims data automatically					
Breast Cancer	Breast Cancer Screening	NQF 2372 CMS 125v5	✓ <i>(clinical)</i>	✓ <i>(clinical)</i>	
Colorectal Cancer	Colorectal Cancer Screening	NQF 0034 CMS 130v5	✓ <i>(clinical)</i>	✓ <i>(clinical)</i>	✓

CQM SIMPLIFICATION: PEDIATRICS



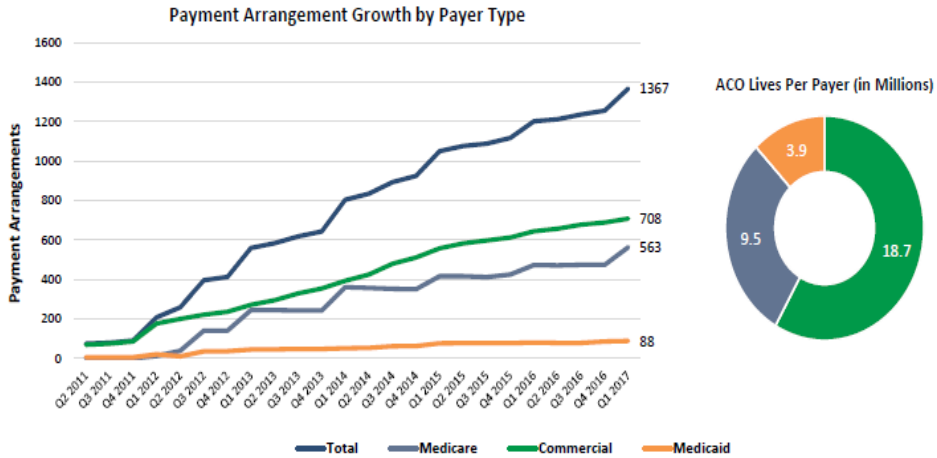
Measure Condition	Metric Title	Citation	QPP	TCPI
Primary CQMs				
Depression	Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan	NQF 0418 CMS 2v6	✓	✓
Development Screening	Developmental Screening in the First Three Years of Life <i>(developed by Mathematica)</i>	NQF 1448 CMS – under development	No developmental screening measure	✓
Maternal Depression	Maternal Depression Screening	NQF 1401 CMS 82v4	✓	✓
Obesity: Adolescent	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	NQF 0024 CMS 155v5	✓	✓
Secondary CQM				
Asthma	Medication Management for People with Asthma <i>(replaced to align with QPP)</i>	NQF 1799 CMS n/a	✓	

CQM Reporting Requirements Summary: <http://www.practiceinnovationco.org/wp-content/uploads/2017/02/SIM-Clinical-Quality-Measures-CQM-Reporting-Requirements-Summary.pdf>

Updated CQM Guidebook: http://www.practiceinnovationco.org/wp-content/uploads/vfb/2016/06/FINAL_SIM-CQM-GUIDEBOOK_20160609.pdf

ACO GROWTH BY PAYER

LEAVITT
PARTNERS



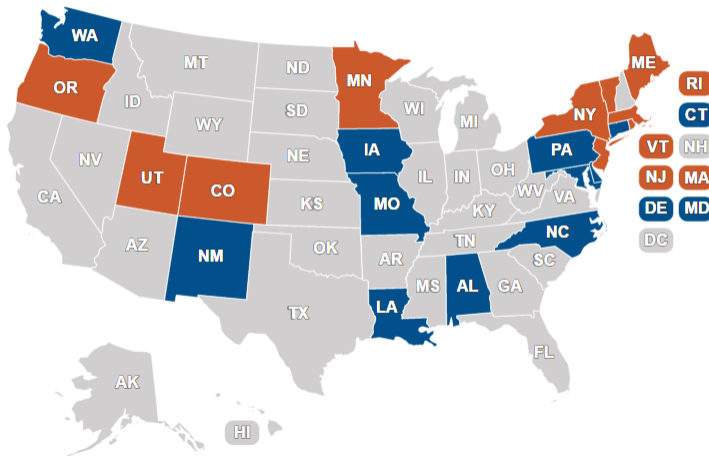
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SAMHSA
Substance Abuse and Mental Health Services Administration

Medicaid ACO Programs

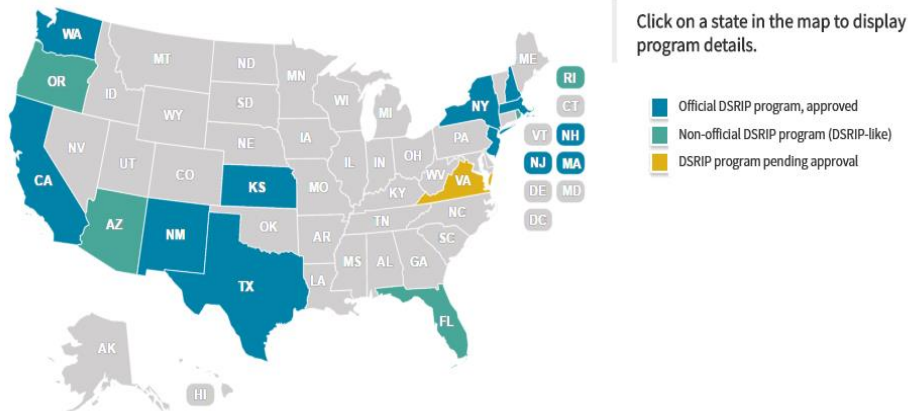
Center for Healthcare Strategies, Jan 2017

States with active Medicaid ACO programs States pursuing Medicaid ACO programs




SAMHSA
Substance Abuse and Mental Health Services Administration

States with DSRIP Waivers (CHCS, December 2016)

[Download map details](#)


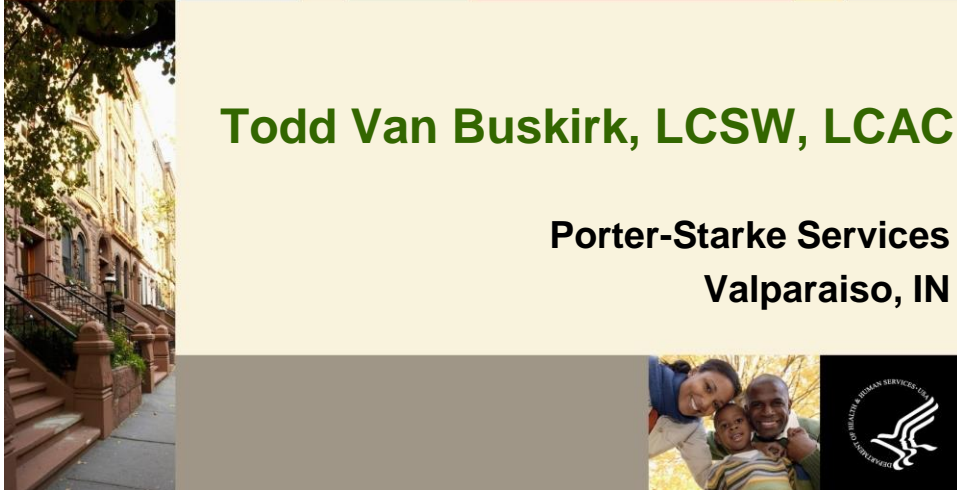
What Do Behavioral Health Providers Need to Know?

- Payment methodologies are changing
- Invest in your data/IT infrastructure, and quality improvement processes
- You will need to demonstrate your capabilities around and impact on
 - ✓ Behavioral health/overall health outcomes
 - ✓ Overall health care spend
 - ✓ Population health management



Todd Van Buskirk, LCSW, LCAC

Porter-Starke Services
Valparaiso, IN



Background

- **Indiana Council (CMHCs)**
 - *Indiana Council of Community Mental Health Centers Managed Care Work Group 2012*
 - Healthcare Reform – Increased engagement to learn how insurers were responding
 - Reach out to managed care leaders and had regular meetings (group still meeting)
 - Expressed concerns – discussions
 - Not adversaries
 - Common goals – mutual benefits
 - Relationship, relationship, relationship!



Managed Care Projects

- **Anthem Behavioral Health and Indiana Community Mental Health Centers**
 - *Enhanced Care Coordination Services*
 - Anthem Medicaid
 - Targeted high utilizers (dual dx, ER, SUD, BH inpatient)
 - Structure communication between MCE case manager and CMHC case manager
 - Weekly phone calls; success/barriers
 - Adults and children
 - Standard screening & reporting process



Managed Care Projects

- **MDWise**
 - *HEDIS measures (e.g., well-child visits; adult preventive visits; 7-day FUH)*
 - *MCE can earn incentive \$ from State to meet targets*
 - *Paid an incentive for every 7 day follow up we completed for November and December 2016 (MDWise – they were trying to boost their %)*
 - *CMHC outreach to patients; paid based on performance*



Managed Care Projects



MOMentum

A Pilot to Improve Health Outcomes for Opiate Addicted Women and Their Newborns



Managed Care Projects

- **Anthem Blue Cross and Blue Shield**
 - *Behavioral Health Quality Incentive Program (BHQIP)*
 - *Program Objectives*
 - Improve clinical quality indicators
 - Improve member outcomes
 - Improve focus on prevention and primary care
 - Improve efficient and appropriate utilization of benefits



Managed Care Projects

- **Anthem Blue Cross and Blue Shield**
 - *Behavioral Health Quality Incentive Program (BHQIP)*
 - *10 CMHCs participating in Indiana*
 - *CMHC earns dollars when hits target rate for the BHQIP Performance Indicator*
- **Who – Attributed Members**
 - *Patients who are members for at least 9 of 18 months of the attribution period*
 - *Have had a minimum of 2 managing behavioral health visits with provider within 90 days during the attribution period*



Anthem BHQIP – Performance Indicators

Table 1: BHQIP 2017 performance indicators and definitions

Indicator	Definition	Indicator type
Efficiency indicators category		
Acute behavioral health (BH) inpatient 30-day readmissions	Percentage of attributed members with a BH-related inpatient discharge (from January 1 to November 30 of the performance measurement period) who had a BH-related readmission within 30 days of the BH-related discharge during the performance measurement period.	Efficiency indicator
Emergency room (ER) utilization	ER visits per thousand attributed members per year.	Efficiency indicator
Quality of care indicators category		
PCP visits	Percentage of attributed members with at least one PCP visit within the performance measurement period.	Quality of care indicator
Seven-day follow-up visit after mental health inpatient discharge (FUH)	Percentage of attributed members ages 6 years and older who were hospitalized for treatment of selected mental health disorders (with discharge dates between January 1 and December 1 of the performance measurement period) and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner within seven days of discharge. Outpatient visits include professional services only.	Quality of care indicator
Follow-up care for children prescribed ADHD medication — initiation phase (ADD-i)	Attributed members ages 6 to 12 years who received an initial prescription for ADHD medication (starting March 1 of the year prior to the performance measurement period and ending February 28 of the performance measurement period) and who received at least one follow-up visit with a practitioner with prescribing authority within thirty days of initiation of medication.	Quality of care indicator
Antidepressant medication — initiation (AMM-i)	Percentage of attributed members ages 18 years and older with a diagnosis of major depression and were newly treated with antidepressant medication (between May 1 of the year prior to the performance measurement period and April 30 of the performance measurement period) and who remained on an antidepressant medication for at least 84 days (12 weeks).	Quality of care indicator
Antidepressant medication — continuation (AMM-c)	Percentage of attributed members ages 18 years and older with a diagnosis of major depression who were newly treated with antidepressant medication (between May 1 of the year prior to the performance measurement period and April 30 of the performance measurement period) and who remained on an antidepressant medication for at least 180 days (six months).	Quality of care indicator
Diabetic glycated hemoglobin (HbA1c) screening (CDC)	Percentage of attributed members age 18 to 75 years with a diagnosis of diabetes (type 1 or 2) who had at least one HbA1c screening during the performance measurement period.	Quality of care indicator

Anthem BHQIP

- **Baseline Period:**
 - 12-month period preceding performance measure period used to establish the target and improvement rates
- **Performance Period:**
 - 12-month period when provider's performance is related to BHQIP performance indicators and upon which incentive payment is based
- **Target Rate:**
 - Anthem-defined improvement of the baseline year average rate
- **Improvement Rate:**
 - If target rate not achieved, provider could earn 50% of points
- ****Providers compete with themselves and could earn up to 10% of total reimbursement for Program Period**
 - Targets can be difficult to achieve
 - Systems of Care



Anthem BHQIP - Example

			Provider Baseline Results			Program Year Performance Targets		Year End Results		
Incentive Scoring Indicators*	Total Max Point Value	Desired Result	Numerator/Denominator	Provider Baseline Rate	Peer Group Baseline Period Avg. Rate	Target Rate	Improvement Rate	Numerator/Denominator	Rate	Total Earned Points
Efficiency Indicators										
Acute BH Inpatient 30 Day Readmissions	20	Lower is better	3/58	5.17%	4.98%	4.48%	4.92%	2/50	4.00%	20
ER Utilization	20	Lower is better	N/A	470.39	317.1	285.39	446.87	N/A	398.14	10
Quality of Care Indicators										
PCP Visits	10	Higher is better	365/487	74.95%	79.60%	89.60%	79.95%	450/497	90.54%	10
7 Day follow up visit after mental health IP discharge (FUIB)	10	Higher is better	39/54	72.22%	75.78%	85.78%	77.22%	57/72	79.17%	5
Follow up care for children prescribed ADHD med	10	Higher is better	12/21	57.14%	60.10%	70.10%	62.14%	21/28	75.00%	10
Antidepressant medication initiation (AMMI)	10	Higher is better	7/10	70.00%	73.33%	83.33%	75.00%	6/13	46.15%	0
Antidepressant medication continuation (AMMC)	10	Higher is better	12/21	57.14%	62.15%	72.15%	62.14%	21/28	75.00%	10
Diabetic HbA1c testing - (CDC)	10	Higher is better	9/21	42.86%	50.44%	60.44%	47.86%	17/28	60.71%	10
BHQIP Performance Indicator Total Earned Points	100									75
BHQIP Incentive Payment Calculation										
Maximum BHQIP Incentive Percentage	10.00%									
Total Earned Points	75									
BHQIP Earned Incentive Percentage (1 Total Point = 1 percentage point)	75.00%									
BHQIP Incentive Payment Percentage	7.50%									
Total Reimbursement for Program Period	\$250,000									
BHQIP Incentive Payment	\$18,750									

*Please refer to user guide for measure definition

Red = Provider Results did not meet target or earned 0% of Max Point Value

Green = Provider Results met the target rate and earned 100% of Max Point Value

Yellow = Provider Results met improvement rate but not the target rate and earned 50% of Max Point Value

Provider A would receive an incentive payment of \$18,750 payable as a lump-sum distribution.

Provider A would receive an incentive payment of \$18,750 payable as a lump-sum distribution.

**Not real data



BHQIP

- **BHQIP Process**

- *Monthly phone calls with Anthem and other CMHCs*
- *Resource sharing with other providers*
- *Bi-monthly in-person visits from Anthem*
- *Bi-weekly meetings with program managers (internal)*



BHQIP

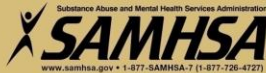
- **BHQIP Process**

- *Design intervention(s) to target population*
- *ER utilization card (after-hours contact for PCP and MCE)*
- *Increased support for transition after BH discharge (case management, Navigator)*
- *Workflows to support connection to PCP (e.g., module in electronic health record)*
- *Data Mining*
- *Standard of Care for all patients*



Managed Care Projects

- **BHQIP Challenges**
 - *Identify a champion*
 - *Consistent communication/Meeting*
 - **Lots of other projects vying for attention**
 - *Accountability for tasks*
 - *All departments involved*
 - **This is a team effort – IT, billing, HIM, etc.**
 - *Timeliness of data – Format*



Aaron McHone, MBA

**UnityPoint Health-Berryhill Center
Fort Dodge, IA**

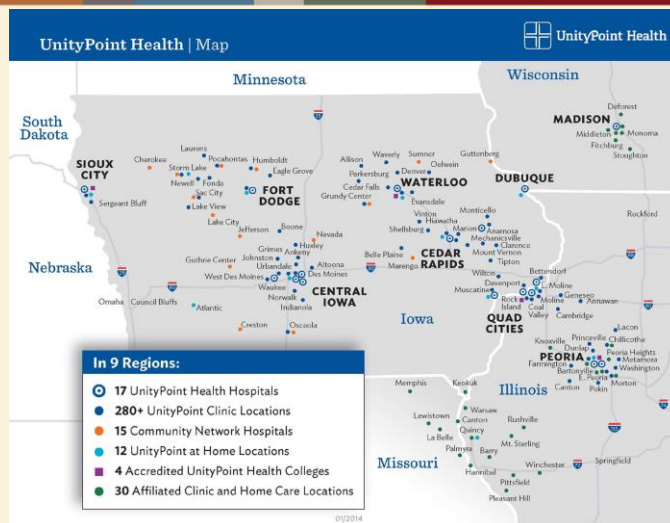


Agenda

- Briefly introduce UnityPoint Health and the Berryhill Center
- Discuss the benefits to being involved in an ACO
- What is an ACO looking for?



UnityPoint Health

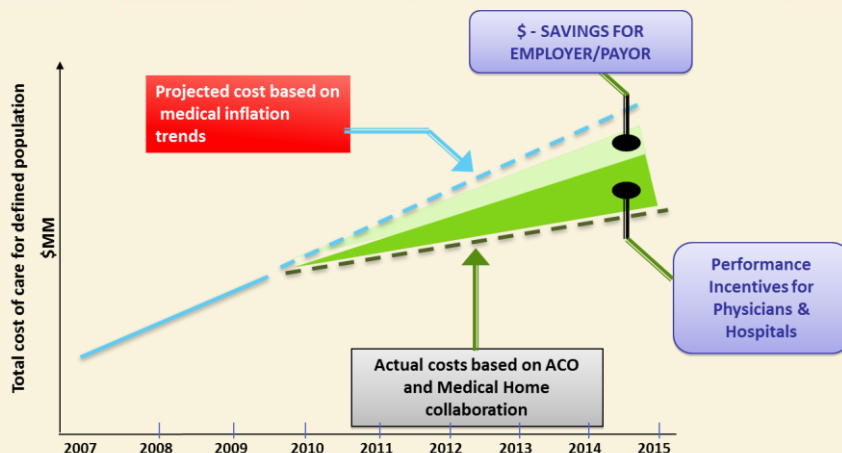


Berryhill Center

- Community Mental Health Center
- Joined UnityPoint Health in 2008
- SAMHSA PBHCI Grantee; Cohort 8
- 53 Employees; 3 Psychiatrists, 6 ARNP's, & 12 therapists
- \$5 Million Budget or .1% of UnityPoint Health's total bottom line

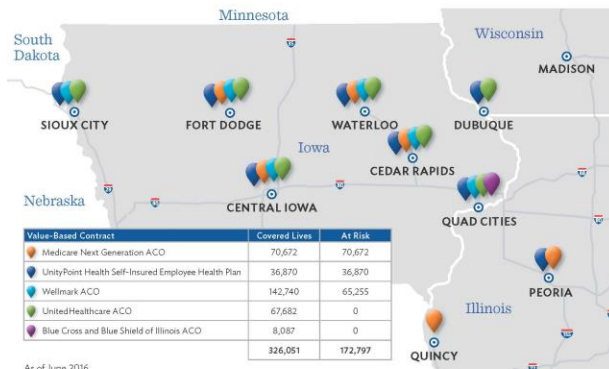


Definition of an ACO



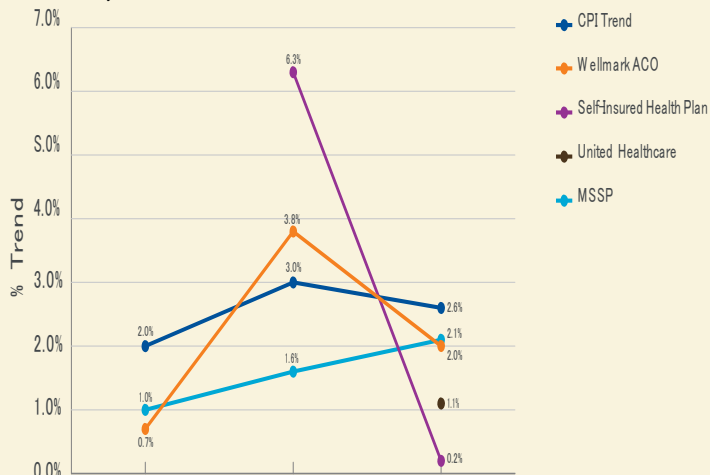
ACO Contracts

UnityPoint Accountable Care Value-Based Contracts



ACO Performance

UnityPoint Accountable Care vs. CPI Medical Trend



ACO vs. MCO

Similarities:

- Both “Manage Care of Beneficiaries”
- Both involve utilization targets
- Both seek to lower health care claim costs

Managed Care Organizations:

- Top down approach
- Competition among healthcare providers
- Designed to remove revenue from healthcare providers



Accountable Care Organizations:

- Bottom up approach
- Teamwork among healthcare providers
- Designed to remove cost from healthcare providers



Benefits of being in an ACO

Direct Financial Benefits

- Shared Savings
- Quality Incentives

Non Direct Financial Benefits

- APM Path with MACRA
- Grants opportunities
- ACO Waivers
- Recruiting Providers
- Marketing
- Payor relations
- Care Transformation/Cost Avoidance



What is an ACO looking for in a Mental Health Center

Vital Soft Skills:

- Honest, candid partnership
- Similar Vision and Values (Cost Report vs. Cost Reduction)
- Initiative
- Willingness to legally share data



Helpful Hard Skills:

- Access to care
- Accurate Coding
- Cultural and socio-economic competencies

